

EXHIBIT 164

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Acosta Méndez, Magda I.
Participant's Address: PO Box 39 Angeles, P.R. 00611-0039
Participant's Email Address: motaacosta@gmail.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 166668
Nature of Claim: Employees Retirement System of the Government of the Commonwealth of P.R.

By: Magda I. Acosta Méndez
Signature

Magda I. Acosta Méndez
Print Name

Title (if Participant is not an individual)

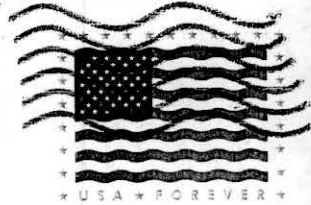
08/13/2021
Date

RECEIVED
AUG 17 2021
PRIME CLERK

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Magda I. Acosta Mendez
P.O. Box 39
Angeles, P.R. 00611-0039

SAN JUAN PR 009
14 AUG 2021 PM 1 L



RECEIVED
AUG 17 2021
PRIME CLERK

Prime Clerk LLC
Grand Central Station
P.O. Box 4850
New York 10163-4850

10163-485050

